COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: CHILDREN'S HEALTH TECHNICAL ADVISORY COMMITTEE

January 8, 2020
2:00 P.M.
Cabinet for Health & Family Services
Café Conference Room
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Mahak Kalra
CHAIR

Michael Flynn
Cherie Dimar
Donna Grigsby
(telephonic)
TAC MEMBERS PRESENT

Judy Theriot
Sharley Hughes
John Hoffmann
Lucy Senters
Ashley Runyon
MEDICAID SERVICES

CAPITAL CITY COURT REPORTING
TERRI H. PELOSI, COURT REPORTER
900 CHESTNUT DRIVE
FRANKFORT, KENTUCKY 40601
(502) 223-1118

APPEARANCES
(Continued)

LeAnn Magre
WELLCARE

Felicia Wheeler
Paige Greenwe11
HUMANA-CARESOURCE

Sarah Bowling
JoAnn Rose
AETNA BETTER HEALTH

Rae Bennett
Shaun Collins
ANTHEM

Jessica Beal
Cheri Schanie
PASSPORT

Amy Swann
Alicia Whatley
KENTUCKY YOUTH ADVOCATES

Michelle Bridges
THE KIDZ CLUB

AGENDA

1. Welcome and Introductions

2. Establish Quorum

3. Approval of September & November Minutes

4. NEW BUSINESS
   * Amy Swann- Kentucky Youth Advocates
   * Topics for 2020 meetings
     - March - vaping, e-cigarettes
     - (Pending: topic ideas - CBD, vaccines, school safety)
   * Updates from the MAC - Mahak Kalra
   * Roundtable Updates/concerns from each member/ professional organization

5. OLD BUSINESS:
   * Autism Spectrum Disorder
   * DMS on Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
   * Psychopharmacological prescribing for KY children
   * School-based services and Free-Care Rule

6. MCO Updates/Questions or Data Request Reporting

7. General governance issues

8. Other Business

9. Action Items

10. Adjourn

MS. KALRA: I'm Mahak Kalra. I'm Co-Chair of the Children's Health TAC. Some of the TAC members may have seen Dr. Powell has resigned from her position as Chair due to a new opportunity that she has. So, it's bittersweet for me to say that because I've loved having her as a Co-Chair and she is working on a replacement.

And in the meantime, I will just go ahead and just continue being the Chair of this TAC as we proceed and move forward into 2020.

So, what we can see is we don't have a quorum, so, we could just move on to introductions.

(INTRODUCTIONS)

MS. KALRA: Since, like I said, we don't have a quorum, we can go ahead and move forward with New Business.

When we last spoke, we talked about setting up our schedule for each quarterly meeting, having a topic and discussing that topic and, then, going on with recommendations.

So, one of the recommendations was having someone from KYA talk about annual KIDS COUNT Data Book and, then, also talking about the census and those are two pieces of work that we do at

Kentucky Youth Advocates. So, I was happy to have my colleague, Amy Swann, who is our data and research guru, dive into that and kind of give us a landscape assessment of what is really happening when it comes to Kentucky's kids. So, that way we can then formalize recommendations.

MS. SWANN: Thanks for having me. I'm the Research Director of Kentucky Youth Advocates. I've been there for eleven years and I'm in charge of writing this Kentucky KIDS COUNT book every year.

We have been doing this for twenty-nine years, just one year shy of the National KIDS COUNT Project which is a thirty-year-old project of the Annie E. Casey Foundation which is the largest philanthropic foundation in the nation dedicated exclusively to vulnerable children and families.

And the motto is What Gets Measured Gets Changed and we really live by that at KYA. We know that you don't know what you don't know. You don't know what the problems are. You don't know where to direct your resources unless you have good data.

And, so, that's basically the purpose is to arm not only our policymakers but also

our fellow child advocates and our citizens and families with data to advocate for improving child well being in Kentucky.

So, one thing that I've handed out is our latest annual County Data Book. So, The Annie E. Casey Foundation every summer puts out a national Data Book and I brought you just the Kentucky profile from that.

And, so, they are comparing Kentucky as a state to all the other states in the nation on sixteen metrics, key common indicators of child well-being. And, so, you can see here Kentucky on these four indicators alone in the health arena are ranking 25th in the nation, much better than when it comes to economic well-being, for example.

And, then, every November, we put out our version of the data book which is allowing Kentucky counties to compare themselves to each other and Kentucky school districts.

And, so, I wanted to point out a couple of things in this year's data book. I'm not going to spend a whole lot of time on it because we have this whole other topic called 2020 Census to also talk about, but I think there's stuff that for those who aren't familiar with the KIDS COUNT

project - hopefully everyone has at least heard of it but I can understand if you haven't - to make sure that you guys are aware of what's available here and we have this whole supplemental resource to the book called an Online Data Center.

So, I'm looking at pages 18 and 19 in the book where we summarize just at the state level the data that we've included in that year's book.

And, so, you can see in that Health section, that the good news is that Kentucky has been improving on those select health indicators. We're so close to having 100% of children covered by some form of health coverage, so close. It's really exciting to see the trend line on that to see the progress that has been made since the Affordable Care Act, the Medicaid expansion, etcetera.

However, we do still have approximately 4% of kids that aren't covered. And when we dig into the data, it appears to be - well, we know that where the trend line is moving in the wrong direction is for young children under age six.

So, just kind of a sidebar here, that is using American Community Survey which is a very large sample size survey done across the

nation, and what we saw is that there was a statistically significant change from 2016 data to 2018 data for young children under six having coverage in Kentucky, moving in the wrong direction.

That's something that we were able to discover using that data that comes from the Census Bureau which is part of the reason why we're so passionate about having a good 2020 census.

But the problem, anytime really you use almost any federal data source - Census Bureau, etcetera - is there is a real lag in the data. So, it wasn't until some day in December that the new ACS data reflecting year 2018 was released, for example. So, there's a real lag.

And, so, one thing I would love for this committee to talk about - I'm sure you guys have talked about it in the past - is just what data is available from the State, obviously from Medicaid and the KCHIP office but also the Managed Care Organizations so that we could be kind of aware of these trends earlier because, like I said, we had to wait a year in order to be able to check that trend I just discussed with a statistically significant decrease in the young children having health coverage in Kentucky. So, that's one sidebar.

Another thing I wanted to point out, you'll see that we have a variety of indicators in the book that come from the State Office of Vital Statistics. So, we've got a variety of indicators that come off that birth certificate, whether the smoked during pregnancy, whether it was a low-weight birth, those kinds of things, whether it was a teen birth.

There are other indicators that we collect and track that just aren't in this publication such as very low-weight births, preteen adequate prenatal care. Those are a couple of that come off the top of my mind.

And we wanted to let this committee know that as a resource to you all if you're interested, we have an agreement through the Kentucky State Data Center at U of L to get the raw data from the Office of Vital Stats for us and to do the analysis and, then, give it to us in the aggregate, non-identifiable data.

And, so, at times, we have asked in the past and we could certainly ask again if you all are interested to see some of those types of indicators just aggregated by whether the birth was paid for through Medicaid or not, also just

aggregated by race and ethnicity and some of those kinds of things.

So, sometimes it yields some pretty eye-opening results. I know that nationally, there has been increasing media attention and I think just research being conducted on trying to kind of assess out what is behind the cause of there being such a statistically significantly higher rate of things like low-birth weight but also maternal mortality within the African-American community.

So, we can always put in a request to ask for the data to be analyzed by whether the birth was paid for through Medicaid and, like I said, some other demographic variables.

And, then, I wanted to - again, don't worry - we're not going to read through the book together - but I wanted to flip to a couple of other pages. Health was quite a bit focus in this year's book.

If you flip to pages 28 and 29, you will see that we've got kind of a spread focused on education and the connection between health and education. And, so, we're showing things like, as you know, there are a variety of mandatory screenings at different grades.

Here we included the ones for kindergartners are supposed to receive before or shortly after entering public school and, so, looked at, well, how are we doing on that, how are we doing when it comes to students having that standard immunization certificate on file and, then, also using some of that Youth Risk Behavior Surveillance System data to look at the prevalence of student obesity and where we are in terms of ratios of nurses to students, given that there are these health issues.

So, I wanted to point that out to you and, then, I also wanted to skip----

MS. HUGHES: Can I ask a question on this?

MS. SWANN: Sure.

MS. HUGHES: Just out of curiosity, I'm looking and seeing here the dental screening or exam on page 28 and there's an F out to the side of it.

MS. SWANN: Yes. So, how we decided on the letter grade that we assigned to the data was basically that typical like, okay, if it's 90 and above, it's an A, if it's 80 to 90. So, 53%, fi you were taking a test at most schools and got a

53, that would be an F.

MS. HUGHES: But I was just curious, do you have a way of determining - I'm trying to figure out how I want to ask my question - of how many of those are children that have Medicaid that are not receiving dental exams?

MS. SWANN: So, that is a separate indicator that we do track on our KIDS COUNT Online Data Center is the percent of children that are on Medicaid and/or KCHIP that have received dental services that year.

Now, using the data we have at our disposal, I can't correlate that to know how many of these kids that didn't get a required preventative who are in Medicaid or KCHIP. That would require the Kentucky Department of Education that has this data working with the Medicaid office that has the other data to see if they can make that correlation using identifiable, you know, linking the kids.

MS. HUGHES: When I see this, with Medicaid, there is no reason other than, sorry, parents just not taking their kids to the dentist. If they have Medicaid, it's paid for at 100%, and if they need something different, they have EPSDT.

MS. SWANN: Well, if we had a

screen, I could pull it up, but if you go onto our KIDS COUNT Data Center, which, before I forget, let me point out to you all, on page 7, we've got a little graphic here that talks all about the KIDS COUNT Data Center. And right at the top there, it has the specific web address that you would go to to find what I just described.

MS. HUGHES: Okay.

MS. SWANN: And, so, we have an indicator in the Health section of this. Like, I said, it's specifically about the percent of children who are on Medicaid or KCHIP that did not receive any dental services during that time frame, during that year, and the numbers are pretty high.

And, so, I think to your point, unfortunately, I don't think it's as easy as just saying there's no excuse. So, I guess the coverage is there but is there true access?

We know from other research that we've done that there are quite a number of areas of Kentucky that really have zero or very few dental providers that accept Medicaid.

So, we're getting close to 100% on coverage. I think at some point, Kentucky is going to have to - and I'm not saying there aren't

any efforts underway - but at some point, I think we've got to put increased focus on access which is much more nuanced than just having coverage.

DR. THERIOT: I think also it needs to be a priority. I work at a pediatric clinic that had a dentist and still that was our rate. And, so, there was access. There was convenient access and for whatever reason. I think it just wasn't a priority. I'm not saying that as a bad thing because----

MS. KALRA: That's one of the factors. When you're thinking about health, oral health is always a missing component. We're not thinking the mouth is attached to the body, the rest of the body,. So, it's more of also making it a priority for everybody and making that a cultural norm among the state, given our historic issues.

MS. SWANN: I think about the work that the Kentucky Oral Health Coalition is doing just on broad-based oral health literacy, that a lot of parents aren't automatically thinking about dental visits within the first year of their child's life.

MS. HUGHES: My great nieces, one of my family members had said something about taking their baby to the dentist and I'm like, this

child is six months old. Why are you taking her to the dentist? She has no teeth. I'm not a mother, so, I'm not failing here in this but I'm thinking a lot of people maybe don't realize that in that first year, it's important to see a dentist.

MS. SWANN: We've actually got a survey out to the dental provider community right now and it will be interesting to see the results because one of the questions on the survey is when they are recommending to families with children to take their child for a first dental visit.

And we've got a variety of options and one of the options is like when the first tooth erupts, comes in or after their first birthday or after their second birthday. There's a variety and we also have an option of I don't know or I don't make a recommendation. So, it will be really interesting to see what comes out of that.

MR. FLYNN: We had this conversation two years ago about oral health of youth and I was telling this story about when my wife called to take our child to the dentist the first time after he got his first tooth, she had to call three pediatric dentists before she could get an appointment because they all told her, oh, we don't

see anybody before they're four.

MS. SWANN: A lot of damage can happen by the time they're four if they're drinking a lot of sugary drinks.

DR. THERIOT: Well, for the record, they should be seen by twelve months; and if they don't have teeth at twelve months or they had teeth at four months, it should be within six months of the first tooth eruption.

MS. SWANN: There's a lot of education even within the provider community, let alone our families.

MS. HUGHES: Well, it seems like to me what would be interesting for this TAC to take a look at is, looking at your data, is what counties in Kentucky are these children not being seen.

MS. SWANN: So, this screening data that you're looking at in this info graphic from KDE, we have that specifically for school districts.

I will say the one point of caution I have about especially the dental screening data, the numbers are so low, we have long suspected that there might be a data quality issue because KDE is relying on somebody at the school to collect the forms and enter them and enter them correctly, and I

don't think KDE is then going in and trying to do kind of a quality control check.

DR. THERIOT: Don't they have to do that for the vision screening, too?

MS. KALRA: Yes, they do.

DR THERIOT: So, why would one be 78% and one be----

MS. SWANN: The dental screening requirement came along----

MS. KALRA: In 2008.

MS. SWANN: ----after the other ones, right?

MS. KALRA: Yes. It was the last one to be filed. It was 2008 when the law was in effect and they have up until January to submit. I believe vision, it's earlier. It's like the first month of school or something.

MR. FLYNN: The first thirty days.

MS. KALRA: The first thirty days, whereas, dental, it's until January. So, given that there's a time difference, there's also an input difference of who is inputting it in the school. Every school is different. It could be a FRYSC. It could be a front-desk individual. So, there are so

many different barriers in place.

MS. HUGHES: Maybe the Free Care Rule will help see these numbers in dental increase if they're able to get some dentists or dental clinics to come in to the schools.

MS. KALRA: Definitely or even school nurses. Those are all providers that could help out with this.

MS. SWANN: If there are onsite school-based options for parents to get these required screenings done, I think that would definitely help.

Any other questions about pages 28 and 29?

MS. HUGHES: I'm sorry to get you off track there.

MS. SWANN: No. These are great questions.

So, I wanted to go to pages 36 and 37. So, here we're also looking frankly at that connect between health and education in the sense that we've got some mental and behavioral health information that Kentucky students answered on the Kentucky Incentives for Prevention Survey.

And we had to pick from a long

list of indicators that are on that survey, but at the recommendation of the folks that actually designed and conduct the survey, we used tenth graders because they've done some research and found that they have the most reliable self-response of the grades that are surveyed which includes six, eight, ten and twelve.

And, so, we've got this tenth grade data here for a variety of indicators, and I know it was just incredibly shocking to me to look at this data and see just so high of rates of even just our tenth graders who are experiencing some really, really significant difficulties and struggling with some very serious mental health concerns.

And, so, this is another area where we hope that Free Care will help because it's not just about dentists and nurses. It's also about mental health counselors and whatnot.

We were happy to highlight this especially because there has been a real dearth of county data on mental and behavioral health that's available in Kentucky.

For example, this KIP Survey, the majority of school districts participate in it. I don't remember the number off the top of my head.

It's not every school district but the data is only reported for the state as a whole and for fairly large regions. And if you want to get your specific district's results, it's up to that individual superintendent as to whether they release them, they let the researchers release it.

So, it's simply not feasible for an organization like KYA to convince all the participating school district superintendents to turn over for us to put this on that Online KIDS COUNT Data Center which is why we did a feature of the state level data in this spread.

And, so, that's another thing that I would be intrigued to hear from this body about is whether there are any county level mental and behavioral health indicators for children and youth that a body like KYA could be collecting and tracking and making public again as a way to inform our citizens and advocates and policymakers about the state of kids.

MS. RUNYON: I have two questions. The first is, do you know the sample size, like, how many surveys were collected?

MS. SWANN: I don't know off the top of my head. Within the participating districts,

it's every sixth, eighth, tenth and twelfth grader and most districts in Kentucky participate but not all.

MS. RUNYON: So, it's not very large.

MS. SWANN: So, it isn't very large.

MS. RUNYON: Is KYA collecting any data now that we're moving towards so much with protective factors on how many ACE's have been incurred by students?

COURT REPORTER: You're going to have to speak up.

MS. RUNYON: Are there any questions currently about ACE's and collecting data about how many ACE's have been incurred by students because that tends to be a pretty predictive factor to a lot of mental health outcomes?

MS. SWANN: So, to my knowledge, and please speak up and weigh in, but to my knowledge, here is where Kentucky stands on collection of Adverse Childhood Experiences' data.

KYA actually convinced a number of years ago our state Public Health Department to include the CDC's module of ACE's questions on the

adult Behavioral Risk Factor Surveillance Survey. And, so, that was carried out in 2015. I'm going to say it was carried out again in 2018, and I learned that it's on the 2020 version survey, but we have not had any luck in getting an ACE's module on a survey that's given to youth.

So, it's not on this Kentucky Incentives for Prevention Survey that goes to a whole bunch of students across the state. It's not on that Youth Risk Behavioral Risk Factors Surveillance System that the feds do.

We've long been interested in that. The only state level data that I have found for kids and the prevalence of ACE's comes from a national survey done - the National Survey of Children's Health. It's actually done by the Census Bureau now and it is a much smaller sample size than, say, this.

And, of course, that data is actually parents answering on behalf of their children. So, there's always going to be an issue there about maybe parents not wanting to disclose some of these adverse experiences that maybe they themselves are responsible or their partners or spouses are responsible for.

And, of course that's how many of the kids have experienced at that time in their childhood, knowing that they could experience more; but when you look at that data, Kentucky does have a pretty high rate of kids who have experienced at least two.

I don't have it off the top of my head. It's actually something that we've featured in a previous version of our data book. I can get you all that data if you would like, but, yeah, we would love to see that.

There have been some talks over the years and there are whole jurisdictions in other parts of the nation that do this that are not only encouraging but actually requiring pediatricians to ask about ACE's during pediatric visits.

MS. KALRA: And, unfortunately, that's not uniform, but I know some and I'm sure you do, and there's others out there that do.

MS. SWANN: So, that's a down and dirty pointing out some relevant health information from this. Like I said, on that Online KIDS COUNT Data Center, we have approximately 100 total indicators of child well-being that we track on there for Kentucky and its counties and school

districts.

So, if you're not familiar with that, please, and we're always happy for suggestions about additional indicators that do have credible, accurate, routinely available data for all of Kentucky's counties and school districts. We're happy to talk about incorporating those in another project.

I'm going to switch gears and talk about the 2020 Census a little bit. Obviously, I'm a data nerd. So, I'm going to be really interested in the 2020 Census because it's the largest data collection effort that happens in our country.

But the more I've learned over the past two years of working on this, the more I see that there really is a hook for every single one of us to be passionate about making sure that Kentucky gets a complete and accurate count.

So, I have given you a handout that actually we used at some other convenings we did across the state recently as a topic - very quick and dirty of why it matters so much to Kentucky.

And what we have been telling people is that it's really about dollars, data and

democracy. And the opening essay in our KIDS COUNT book talks much more about the 2020 Census starting on page 12. So, there's a five-page-long essay in here all about the 2020 Census to learn more.

Where we as child advocates came to this is the Annie E. Casey Foundation two years ago made us aware of this big problem and it's that young children under age five are the most under-counted age group in this census that's done every ten years across the country and that that is a problem that actually has been getting worse every decade since 1980.

And the reason why it should really concern us as child advocates is because the latest figure - they keep digging more into the data - the latest figure is that $1.5 trillion in federal funds every year flows to states, counties, neighborhoods, school districts and individuals themselves using data derived from these decennial census numbers.

So, when our counts are wrong, we're leaving a lot of money on the table because they're using inaccurate data in those allocation calculations.

So, we have one example you'll

see in the turquoise and bright green box there. They dug into the data. They found that 12,568 Kentucky children under age five were missed the last time around in the 2010 Census.

And looking at just five of the main federally-funded programs for children and families, these five programs are, for those that deal with Medicaid - this will probably make sense to you - I know just enough to be dangerous - but they're called FMAP in terms of the type of allocation that's done - so, just five of these FMAP programs which includes Medicaid and KCHIP, that means that every year, Kentucky lost out on approximately $12.2 million every year, and that's a mistake that can't be rectified until the next decennial census comes around.

So, when you think about that, when you think about the fact that there are actually more than 300 federal programs that use census-derived data for funding allocations, when you think about the fact that not only did we miss 12,500 young children, but, then, children ages five to nine are the second-most under-counted population, this is starting to add up to some big numbers that Kentucky is missing out on that we know that as a poor state

where we have at least one in every five kids living in poverty, we can't afford to leave money on the table that technically we're eligible for but we just had bad census data.

So, we have been doing a lot to get the word out on this issue. So, I've talked about the dollars' issue, the data.

Obviously, we care about making sure there's accurate data because of the KIDS COUNT project, but the data is also used by communities to determine things like, well, how many elementary schools are we going to need to plan to build within the next ten years based on how many young children there, things like where should we locate new hospitals or health clinics based on how new neighborhoods or subdivisions have popped up in our communities, all those kinds of things.

And, then, democracy. Not only is the decennial census literally written into our Constitution, Article I, Section 2, requiring that every single person living in the U.S. be counted every ten years regardless of citizenship status, but Congress has to use those numbers in order to determine how many seats each state gets in the U.S. House of Representatives.

So, it's a big deal. And what we are asking anybody and everybody to help do is to help spread the word to the families, clients, your spheres of influence about the importance, why it is just so important that we have the complete and accurate data, really hitting home with families with children, the importance of counting every single child in the household regardless of the relationship between that child and the adult householders.

A big part of the problem is that - actually, they did research and they found that the problem when it comes to the child under-count, it's not coming from the families that just decided not to fill out the form which is what we thought for a long time.

They did research and found out actually most kids that weren't counted in the census came from households that self-responded, sent the form back but they left off one or more children in the household.

And there are a lot of theories as to why people are doing that and it ranges from, well, maybe Johnny was living with a grandparent who is technically in senior housing and isn't supposed to have children in the housing unit and they were

afraid that somehow including Johnny, word would get to the landlord or the Section XIII Office and it would jeopardize their housing, or maybe this is a family that has a whole other family doubled up with them but their rental lease says that there's a limit on how many people can be living in that unit.

And, so, again, they are afraid that if they're honest about how many people live at that address, it will get to the landlord and they will get kicked out.

There are a lot of theories. We know that it is going to be very difficult to get a complete and accurate count of the immigrant and refugee population.

There's already been some fear about how the data is used from those populations but it will certainly intensify with the attempt to add a question about citizenship on it which is not going to happen. The Supreme Court said no, but the fear is already there.

And, so, it's very important that we're letting the families that we work with know that, number one, the question is not on there. Number two, the data that they do ask for which is actually very little data - there's technically only

nine questions on this thing - it takes you ten minutes tops to fill it out unless you have a really huge household - that the Census Bureau by law is not allowed to share that data with any other federal agency, no ifs, ands or buts. I mean, it's literally exempt from the Patriot Act and the Supreme Court has continued to uphold those protections but the fear is there.

So, it's all about finding trusted messengers with these hard-to-count communities and getting accurate information to them to increase their comfort level in filling this out and we have very little time.

Mid-March is when pretty much every household in the U.S. is going to get their first invitation in the mail from the Census Bureau asking them to go online and complete it. This is the first time in our nation's history that we have this online option. It's supposed to even be Smartphone accessible. We'll see.

And, so, April 1st is official Census Day but people are going to start getting those invitations in mid-March. And the Census Bureau is really pushing for everybody to get it done by the end of April because starting after Derby,

that's when the Census Bureau has to pay people to go out and knock on doors for the households that haven't already completed it. That obviously costs our government a whole lot of money, and they keep doing that until the end of July.

So, please help spread the word. I've got a snapshot on here of just some of the materials the Census Bureau has made available. They've got very large posters. They've got handouts.

I've given you a couple of the handouts that are specific to this young child under-count to educate your peers. They've got this size kind of things that you can be posting on the walls of your offices where families and children are coming through to sign up for Medicaid or whatnot.

I wanted to let you know a couple of things. I had a conversation with Secretary Friedlander yesterday and we had provided information in order to get this done and he affirmed that Kentucky now has what they call waivers.

We already had a waiver in place for TANF that Commissioner Clark had executed. Now we have one for SNAP, Medicaid and I'm getting confirmation about CHIP whereby if someone goes to

work for the 2020 Census, one of those door-knocking jobs, the income that they earn from that will not count against their eligibility for those programs I just listed off.

Many states have taken advantage of that. Kentucky took advantage of all of those in 2010, so, I'm happy that we're now at the point where we're doing that again. I think that's really important if you do any job recruitment promotion in the state to let people know that they don't have to worry about that income counting against their benefits.

MS. HUGHES: Did you speak with Secretary Friedlander about possibly sending these posters to the DCBS offices?

MS. SWANN: My second conversation with him is, once we got those policies in place, is how we can use, yes, the many front-line folks across the Cabinet. The Cabinet hits so many types of these hard-to-count families.

And, so, KYA is creating kind of a FAQ packet that we'll vet by the Census Bureau for accuracy and he is committed to getting that disseminated.

So, we have a wide variety of

departments, divisions that we're recommending - everything from Child Support to obviously the TNF and SNAP and Medicaid but also things like foster care and kinship care.

There's a wide variety of programs that it could be as simple as saying, hey, were you aware that this is coming? Here is why it's important and, then, we want to give them a very comprehensive, easy-to-understand - this is where the Census Bureau has dropped the ball is making it easy to understand - FAQ that says, hey, if you're in this situation, count the children this way. If you're in this situation, count them this way.

There's understandably a lot of confusion out there among families about who should count the kid or where they should be counted.

I think about my own family. I have a sister who is divorced. They have split custody. So, it's like, okay, if they're truly 50% of the time with Mom at Mom's house and 50% of the time at Dad's house, what does that mean for who counts them on the census and there is an answer to that.

And the answer of it is if it's truly 50/50 throughout the year, where are they

living on April 1st, but there are so many of those kinds of scenarios, as you can imagine, that are just kind of like how should I do this correctly?

And, so, we want to make it very easy for families to know by having an army of informed folks like front-line Cabinet workers, and child-care providers is another sector we're working across the state with to get informed.

Any questions?

MS. KALRA: Does anyone have any questions?

MS. HUGHES: If you can send me the FAQ when you get it completed, we could possibly ask Commissioner Lee when she starts about putting it on our website because, at least at that point, if they go to the Medicaid website looking for information, even if we just have 2020 Census, have you been counted or something----

MS. SWANN: I would love like on the Benefind website for there to be just a little button that says wondering how to fill out your 2020 Census form? Yes, and put the packet there.

MS. HUGHES: We can work with trying to get something. I can't guarantee you can get on anything, but if Secretary Friedlander is in

support in working with you all on this, I'm sure we could probably get something up on our website as well.

MS. SWAN: Thank you.

MS. KALRA: I think we could definitely share that with you whenever that's ready to go.

Thank you, Amy. I was just thinking through, a couple of questions that I was shifting through and thinking as this body moves forward.

I know we don't have a quorum right now but thinking through if you all, just the two, unfortunately, or anybody really truly that's in the room has data that we should be considering, county level data that we should be considering for youth so that way, since we have our data expert here, that's a perfect time for her to soak this information in and take it back, but if anyone knows of data or has a suggestion of an indicator that we should look into, this is a perfect time to mention it.

MS. HUGHES: MCOs, do you all have any ideas?

MS. BENNETT: Maybe after we

actually look through the book to see what you already collect, that might trigger something.

MS. KALRA: Okay. That could be something. I know usually we have, like, later on the agenda, we have MCO updates and data requests and reporting. I wonder if that could just be one of the reporting mechanisms for next meeting is making sure that if you have an indicator that you feel strongly about that we could talk about it at the March meeting.

MS. HUGHES: I just didn't know if there was anything they gather.

MS. KALRA: I think that's helpful and, then, also thinking about data being just aggregated by race, ethnicity, age and thinking of all the other factors.

I know previously this TAC used to receive data regularly, quarterly from DMS, and I know, Michael, you've seen this, for years, we've had this data and that we could actually analyze trends as they are occurring, at least as close as we possibly can.

I feel strongly that we need to continue with that recommendation and have that recommendation so that way we could quickly assess

and determine solutions and have those provided to DMS.

Do you guys still think that's something that we should monitor and continue?

MR. FLYNN: I like seeing the data personally. I know it's a real hassle to get from the providers.

MS. HUGHES: What kind of data were you getting before?

MS. KALRA: It was enrollment, disenrollment data. We also had number of youth in foster care. We were capturing that number. I'm trying to remember.

MR. FLYNN: I didn't bring all that with me this time.

MS. KALRA: I have a whole list that we used to regularly collect.

MS. HUGHES: Can you send that to me?

MS. KALRA: Yes. I think that would be helpful so we could stay on track and kind of help guide these conversations if we could see quarterly data.

MS. HUGHES: We do put a report out on the website that is monthly enrollment. So,

if there is a decline or something and I think it's by county. So, I know that's at least available, but if you can send me your list and, then, I can get with Commissioner Lee when she gets here and see about what we can do.

MS. KALRA: Okay. That sounds great.

MS. SWANN: And an example with what you just described that you're already putting out, if that was just aggregated by even age groups, under six, six to twelve, twelve to eighteen, whatever, we might be able to detect that trend of an increasing lack of coverage for young children in Kentucky much earlier.

MS. HUGHES: Since you're kind of looking at specific age groups, can you supply us those by age groups?

MS. KALRA: Yes.

MS. HUGHES: I don't want us to just say, okay, we can break it down to zero to five and, then, you all really wanted it zero to six or something like that.

MS. KALRA: I think a couple of years ago, we had it zero to one and, then, one to five and I can't remember all the rest of them but I

remember that zero to one was one age group that we had it broken down to.

MS. HUGHES: I can certainly see if we can get you some data.

MS. KALRA: That would be awesome. Thank you. Anything else before we move on? Any other thoughts other than TAC members, if there's MCOs or anyone around the table that has thoughts or questions?

So, next on the agenda is topics for 2020. In previous meetings, we went around the room and discussed some issues that impact children's health and topics that we want to continue talking about and developing some recommendations and have a speaker come in to share more about the topic.

So, the upcoming March meeting, we're going to be talking about vaping and e-cigarettes. We know this is an issue that has impacted each of our sectors and we thought it might be best to bring everyone together so if there's any formal recommendations or things that we need to be aware of as a TAC, we could go ahead and discuss some in that upcoming meeting.

And, then, we have pending topic ideas, one being CBD since that's a trend,

vaccines and school safety. Are there any more that you could think of as we move forward that we need to list? Do these still apply?

MS. HUGHES: Let me ask a question. On the vaping and the e-cigarettes and you're talking about making recommendations, currently I'm not sure there would be a recommendation that Medicaid would be able to impact policy on those.

So, I was just, I guess for myself and for me to take forward to Commissioner Lee, is what are you looking for in this on the vaping and----

MS. KALRA: I think it would be helpful - this is just me thinking out loud here and you all chime in as members as well - but I think there is a lack of information out there when it comes to e-cigarettes and vaping.

So, if there's resources that we should be pushing forward or data that you all have that you could share with us so we could truly get the true understanding of what the impact is, that would be helpful.

I know that the Department of Public Health has some resources out there but just

even being aware of those resources.

MR. FLYNN: Just as an example, when we first started talking about this, we got a few resources shared with us in the last six months that we've been able to disseminate to other Family Resource Centers and Youth Service Centers across the state because, like she said, there's not a whole lot of - you can go on the Internet and find anything you want - but to know that you've got accurate, research-based supported from somebody other than just the Internet.

In my experience, my schools and my centers are looking for information that, once they send it out, they know for sure that it's from a reputable source and it's something that is going to be factual about e-cigarettes and vaping.

The JUUL company has got tons of information out there that you could pull off the Internet about using their product that gives you some of the health risks but you blend the health risks in with the supposed non-health risk that they're marketing off of.

So, just some of those things, if it was coming from----

MS. BENNETT: the CDC.

MR. FLYNN: Yes. Thank you, just to make it a little bit more easily accessible.

MS. HUGHES: Okay.

DR. THERIOT: So, who would be presenting?

MS. KALRA: That's a question that we need to discuss. If there is someone internally or you think within the Cabinet that would best fit or you have someone----

DR. THERIOT: It would be somebody in Public Health.

MS. RUNYON: I can identify that person if you would like.

MS. KALRA: Because we could always reach out to the Foundation for Healthy Kentucky. We have a close relationship with them. They have materials out there but I think we need somebody within the Cabinet also.

MS. RUNYON: I can identify the correct person inside of DPH.

MS. KALRA: That would be helpful.

DR. THERIOT: But I think it's right. Whatever the topics are going to be is to somehow bring it back to Medicaid to see if there can

be a recommendation.

MR. FLYNN: Well, it would be nice also just to know are any of the MCOs providing PIPs that are focusing on this that we could help advertise or help get information out about or anything like that.

MS. HUGHES: We do cover the tobacco cessation, and I'm assuming - let me back up. I'm not going to assume, so, I will ask a question.

Is that considered part of the tobacco cessation if someone says they want to get off of the vaping? I see a couple of the MCOs.

So, at least we know that if there's anybody out there that's kind of now hooked on the vaping, and I think some of the people I'm around, if nothing else, they're hooked on the motion, that there's help out there to be given for them. So, that's good.

MS. SWANN: There's a policy question and, then, there's a practice question. So, it's great that there's the policy to include vaping, e-cigs and cessation of what's being made available, but what the recent research is showing is that the exact same cessation strategies don't necessarily work.

So, there still might need to be a discussion about effective interventions.

MS. KALRA: Does that answer your question?

MS. HUGHES: Yes.

MS. KALRA: So, going back to topic ideas, did those still apply? Do you all feel that they're relevant? Is there a specific one that we should just eliminate based off of Sharley's question or anything else to add?

All right. I'm going to assume that's a no. So, we will continue with those topics. Ashley, I'll connect with you to make sure that we have someone from the Department of Public Health and, then, I will also have the Foundation for Healthy Kentucky to----

MS. RUNYON: I have a question and I don't know how relevant it is to this specific group but I'm going to pose it to any group I'm in to try to work to get solutions.

As we're moving towards the expansion of Medicaid inside of schools, we want to make sure that we're including really all external stakeholders, and one thing that has continually posed questions is the data-sharing piece.

And, so, as we are going to be moving forward with encouraging districts with this expansion, we want external partners to be encouraging as well.

And for them to be comfortable, we're going to have to figure out and sort through data-sharing because as kids are receiving more services inside of schools, if they're not sharing that information outside of schools, then, we're going to have some real resistance and issues.

I'm bringing that up because we don't have all of the answers. We have the ability to expand Medicaid inside of schools. We don't have the ability to then create solutions for every unintended consequence that could potentially come about.

And, so, I don't know if this is a group that wants to explore that.

MS. HUGHES: They have been very involved in the Free Care Rule and working with Kristi Putnam and so forth and the lady in Louisville.

MS. KALRA: Eva Stone.

MS. HUGHES: Yes. So, they would probably be a good group.

MS. RUNYON: And Mahak and I work together quite a bit on this. I think it's really just posing the question to a larger audience to start talking about the things that could potentially come up down the road, talk about them now versus wait until we----

MS. KALRA: I think that poses a good question. I think this group is a very broad group. When we're talking about children's health, you have every different sector represented.

So, it makes sense for this group to help guide and think through questions that might arise and also help come up with solutions or identify processes that might be in place and should be in place.

So, I think that makes sense to me. It could be something, if we want, we could add it as a standing - I know in Old Business, we talk about topics that we have previously talked about, one of them obviously being expanded school-based health services.

So, I think that aligns perfectly with that if there's an opportunity maybe for someone to provide an update during meetings so that we could have a robust discussion every time we

meet since that is something that is evolving over time. That's just one suggestion I'm throwing out there. I don't know if others have another suggestion, but, to me, that makes sense. I don't know if it makes sense to you all.

MS. HUGHES: I know there was concern I think it was the last meeting that Dr. Randall attended that he had expressed concern over the fact that these kids receiving some dental services in the school system, but if the school system did not report that and put it into EHR, then, that kid then comes in to his office and he performs a service that's already been done. So, he did express that concern about that.

MS. RUNYON: And I think that's exactly what we need to discuss, how is the expansion of health care in schools, are we going to make sure that we're not duplicating services, how are we going to make sure that we're communicating with external providers----

DR. THERIOT: So that they know what's going on.

MS. RUNYON: We've got to come up with some sort of a plan for data-sharing. And, again, DMS has the ability to expand services but we

don’t necessarily solve everything outside of that to allow those systems and expansions to be implemented properly.

DR. THERIOT: Because FERPA might come in and say you can’t share it with anybody and that’s part of the problem.

MS. SWANN: So, knowing that there are a variety of states that are already and have been using the Free Care Rule and that the use of electronic health records is nationwide, I think it would be interesting to look at how other states have approached this issue.

I’m not advocating that Kentucky just do what some other state has done but as a starting point to see how they have tried to figure out these complexities. They might kick me out of the car on I-64 if I’m creating work for KYA but----

MS. KALRA: We’re currently doing that, so, you’re good.

MS. RUNYON: And just to be transparent, we’re both on a collaborative that is communicating with other states. This has been a challenge across the board. So, this is not an isolated challenge.

There has not been identified one flip the light switch. This is what Michigan is doing because they've already implemented and we're just going to model after Michigan. This is a work in progress nationally.

MS. BENNETT: Can you not submit the data through KHIE and, then, everybody has access to KHIE?

MS. KALRA: I don't think everybody uses KHIE.

MS. RUNYON: The perfect world in my mind, Infinite Campus developed some amazing technology that then talks to KHIE and then the whole world is solved but everything requires collaboration and funding because we don't want to create an additional piece of work for providers inside of schools. They're already required to put everything into Infinite Campus, if you lay hands on a student, talk to a student.

If we could have Infinite Campus talk to the data-sharing and, then, we could figure out how to not be breaking any type of FERPA, HIPAA----

MS. BENNETT: Yes, because we can get our own data off of KHIE and I can only

access my members.

MS. RUNYON: But I don't know who would be - everything requires a connection. I think there are some ideas. I think it would require an entire room and input and all of that to----

MR. COLLINS: Can you set up a separate workgroup outside of this just to discuss that matter and brainstorm and invite MCOs and anyone else who wants to join? It may be beneficial to get in a more collaborative scenario around that.

MS. RUNYON: We are planning an external stakeholders' meeting for the end of this month. I have not sent out the invites. If you want to be invited, I guess I could stick a sheet of paper right there from that large group.

Ideally, we could potentially start a smaller workgroup out of that for specific questions that we feel we need to work through. What do you think?

MS. SENTERS: That sounds good. I think we just have to remember FERPA is education guidelines and HIPAA is Medicaid and there are some issues there.

MS. HUGHES: And I will caution. We don't want to make this a subset of the TAC.

MS. KALRA: The TAC is its own entity, body.

So, circling back around, what about having regular updates to the TAC every quarter and having this on the agenda so that way at least someone from DMS is talking about it and us having a robust discussion on whatever point, whether it's questions, whether it's what is needed, if there's new resources out there, sharing that with the TAC so that way the TAC responds to that. How does everyone feel about that?

MR. FLYNN: It can't hurt.

MS. DIMAR: I think it's something that might be coming that we need to be aware of and it would be good for us to have regular updates.

MS. HUGHES: So, you two are going to take on the Free Care stuff and getting the word out?

MS. SENTERS: Well, school-based is our program, so, yes, we've been working on it for a long time.

MS. HUGHES: So, maybe you all could take on doing a little update to them.

MS. SENTERS: We constantly have

questions about FERPA and HIPAA and are always on the notice to be working on it and seeing ways to connect. So far we haven't got there yet but we're working on it - just nothing to report.

MS. HUGHES: But going forward, you all can come and give them updates on what you've been able to do, if you've been able to do anything?

MS. RUNYON: On where things are at as far as the expansion itself, yes. As far as like the barriers, yes, we can give updates.

MS. KALRA: That helps. So, moving on to updates from the MAC meeting, this was before Thanksgiving and a lot has changed since Thanksgiving.

So, I don't know if we should just move on because every update from the MAC is pretty much not reality now.

So, it might make sense for us to move on to hearing any roundtable updates or concerns from each member or professional organization so that way we could at least be aware of what you all are thinking moving forward.

Michael, do you want to begin?

MR. FLYNN: I brought up vaping and e-cigs the last time. I guess the other piece

that may be something that we could look at, I was sitting in a child fatality review team board meeting about three months ago and one of the big things that we were talking about is there were so many people at the table that for the first time they come together to talk about - and in my county, we have what is considered a point cluster, suicide cluster.

So, we're flooding our community with mental health, everything we can find, but the thing about it is, HIPAA and FERPA and all that great stuff prevents so many of our organizations from sharing information about some of these students that could really benefit both entities if that information could be shared.

I don't know that that's anything that we could ever look at but just having that option, just anything that we could look at to, first off, increasing mental health access to youth is major and looking at ways - and I don't know.

Maybe there are some things that we are overlooking in some of our communities that would allow us to do some of the things that we are not doing.

MS. RUNYON: Can I ask you a question?

MR. FLYNN: Yes, ma'am.

MS. RUNYON: We don't have very many but we have a few school districts and a few schools that are doing like the mental health screeners to all their students.

MR. FLYNN: We do. We issued mental health screeners in our intermediate, our middle and our high school this year.

MS. RUNYON: Is that a topic that----

MS. KALRA: It could go under school safety, when we think about school safety.

MS. RUNYON: How is that going when you guys introduced that? Was there resistance from parents?

MR. FLYNN: They had the opt-out option. Everybody took it unless they sent back the form saying they didn't want their child to do it.

And, surprisingly, I think the community has realized that there is an issue because I'm in a small district, 556 kids in my middle school that I work in and we only had three kids that were opted out.

But, then, when you get the

screener back and you see that you've got 56 kids that are in the most high range of 560 and you realize 10% of your student body is at high risk.

MS. RUNYON: And, then, did you have the resources to be able to----

MR. FLYNN: Well, and, see, that's a piece of it because you've got to look at those 56 kids.

And the first thing you want to do or what our plan was the first thing was to decide who is already receiving services so we could target those who are not, but, then, it's so hard to - if they're coming in to the school to provide services, then, you know who those kids are, but if they're not coming in to the school to provide services, you have no clue, and, then, some parents aren't willing to share the information.

MS. SWANN: Were the screening results shared with the parents?

MR. FLYNN: They've available to the parents, yes.

MS. HUGHES: Can the survey be updated to say if the answer to this question is yes, is the child being seen by a----

MR. FLYNN: The way the screener

is set up, though, is based on how many questions you answer and in what order you answer them determines what level of risk you fall under. So, it doesn't automatically tally for that parent to know that my child is high risk or for the person taking the survey because the survey is taken by the students themselves. And, so, there's no way to say at the end of it you're high risk. Are you seeing anybody? Do you see what I'm saying?

MS. HUGHES: I was just thinking that if your question was just going on some of the questions that they ask in here, have you been bullied - well, not necessarily that one - I'm trying to get to it here - were you emotionally harmed by a boyfriend, a girlfriend during the last school year, if those types of questions they said yes, could the next question be, if you answered yes----

MR. FLYNN: The screener we used didn't allow us to add extra questions.

MS. RUNYON: There are some pretty phenomenal screeners out there.

DR. THERIOT: So, what did you use the screener for if the parents didn't get a report?

MR. FLYNN: Everybody gets to

see the screener report. Okay. So, I'm in Eastern Kentucky and there's a huge stigma in Eastern Kentucky against acknowledging mental health illness. It's considered a weakness in Eastern Kentucky and people don't like to admit it. If it's not attached to a check, they're not going to admit it.

MS. HUGHES: And that's why actually I was kind of surprised that you said out of the three kids----

MR. FLYNN: And I'm not being mean when I say that. I'm just being honest. So, you will have a lot of people who - I mean, listen, when we had this last suicide in my district, we had a mental health crisis unit come in and we had six students who were identified who were recommended for hospitalization.

Of those six, we had five whose parents flat out refused to take it any further, even though they had a mobile unit there saying your child needs to be hospitalized.

MS. RUNYON: And from working in the schools, I can attest to the fact that that is a huge barrier inside of the schools, that we will do some type of a threat assessment and we will find out that a student absolutely has an immediate risk, but

without parent authorization, you can't force that.

MR. FLYNN: My wife is a school psychologist in our district, and on the average, she will do threat assessments, probably about ten a year.

I've seen her literally driving the car behind the family to make sure they get to The Ridge or wherever they're going and a lot of times that child doesn't spend the entire night there because the family, once they get there, they back out. It's crazy.

My thing is, anything that the TAC can do to educate, to help make adjustments that could make that process better.

MS. KALRA: I was also thinking about like a map of where you could provide services or where services are. I'm sure you could use that as a resource to your directors in the school districts to know where are services and who is accepting Medicaid, who is not accepting Medicaid.

MS. BEAL: Wasn't there a resource screen like two years ago that you could hop on to look for mental health providers in the Commonwealth?

MS. MAGRE: It'S on the

Department of Behavioral Health's website. You just put in what you want and it pops up.

MS. KALRA: Well, glad to know that that's out there. See, this is why these meetings are helpful. Thank you.

MS. HUGHES: Is that just community mental health centers or is that all mental health?

MS. BEAL: No. Unfortunately, the requirement is that mental health providers have to go ahead and update their information and we all know that that can make any database a challenge but at least it's a start and you can search by which Managed Care Organization the child has to see if there is a provider. And, then, of course, all the MCOs, you can search our databases.

MS. MAGRE: You can always call Customer Service for information but the parent has to do that. We all have a behavioral health crisis line and we will all call Emergency Services if it's an imminent threat at the time the phone call comes in.

MS. KALRA: I think just knowing about those resources is helpful. So thank you.

Is there anything on your end?

MS. DIMAR: With the Legislative Session starting yesterday, our legislative team is going to be busy. We've already met with a legislator. We're going to be doing the ad about our education and health and safety priorities for this year.

We do have a spot on the Kentucky Center for School Safety Board of Directors. I'm on that and we met in December and approved an assessment tool that will be given to the schools.

According to the Homeland Security person that's on our Board, Kentucky is really doing a good job of getting down to it and starting right off with what we need to do.

It's a great cross-section. I think Pat is a member of that, too, and it's a great cross-section of stakeholders across the state and everyone seems to really be working together. So, I'm excited on that.

MS. KALRA: Do you guys have like a legislative day or an advocacy day?

MS. DIMAR: We had ours in November where we did training but also doing the CAD, the Child Advocacy Day in September at the Capitol, we always attend that.

MS. KALRA: January.

MS. DIMAR: Yes, January.

MS. KALRA: I was just making sure because I didn't know if that was something that we should share as a group to all.

MS. DIMAR: January 23rd.

MS. KALRA: Yes, January 23rd is Children's Advocacy Day.

On our end, like you mentioned, we have the Legislative Session that started. So, we have our Blueprint for Kentucky's Children Policy Agenda. That's on our website now and there's a Policy tab. You could look at all of the policies.

Obviously as Kentucky Youth Advocates, we're looking at every sector when we're thinking about children. So, health is just one component.

When we're thinking about health, we have advocating for an e-cigarette tax, also Tobacco 21. I know there is a national policy that just passed but also mirroring that in the state policy and also looking at enforcement when it comes to that, and, then, also removing status offenses, so, youth that are caught or possessing or using tobacco products aren't penalized really because we

know that's not an effective behavior change.

So, that's two of the policies. Another policy is for early child-care centers is establishing some health standards that are out there, so, looking at physical activity times that needs to be included, also looking at nutrition standards and looking at screen time as well.

So, all these standards are nationally vetted. We've utilized recommendations from the YMCA and the American Academy of Pediatrics to guide that piece of legislation. So, that has been filed and hopefully moving forward.

And, then, there are several others but you could look at our Blueprint for Kentucky's Children page where it has every single policy listed.

Our Children's Advocacy Day is on the 23rd of this month. So, if you feel inclined to attend, we would love to have lots of folks there in the Capitol.

We have a full day with a rally and, then, also a legislative breakfast to kick it off for partners and, then, a rally and, then, we have definitely a youth reception that we like to include youth in where we like to hand out awards to

legislators that have been advocates for kids.

And I'm happy to share that information with all of you. I know several of you have attended in the past and we would love to see you there again this year, but that's on our radar.

MS. HUGHES: That's the day of the MAC.

MS. KALRA: Yes, I know. I will not be there. So, I will be sending you updates to share with the MAC.

We kind of went over Old Business. Any updates from DMS? I know there is a lot happening but I think anything relevant to this TAC would be helpful to talk about.

MS. HUGHES: We have Lisa Lee that will start as Commissioner I've been told the 16th which I believe is next Thursday. That's the only personnel change that I know of that has happened at this point.

I can tell you that based upon what Stephanie told the Primary Care TAC is that the new RFP will be released soon. Governor Beshear did away with the ones that were awarded during the last Administration. So, that RFP will be released soon.

MS. KALRA: Do we have like a

soon like in this month?

MS. HUGHES: I believe at his press conference, he said it would be released in January.

MS. MAGRE: We're targeting the 10th. He said the 10th or prior to.

MS. KALRA: Thank you.

MS. HUGHES: But I don't know when that is going to happen and she did not release that. And, so, it's kind of hard to be able to state that.

And, of course, once that's released, then procurement laws prohibit us from carrying on discussions of it at that point.

I believe there will be a little bit of a time line in the RFP based upon what Stephanie told the Primary Care TAC.

Other than that, I think that's it.

MS. KALRA: Are there legislative policies that the Cabinet is working on that is related to this TAC that we should be aware of?

MS. HUGHES: None that I'm aware of. I know we have been reviewing bills as they were

prefiled. Our legislative person in Medicaid sits next to me and he has been keeping us busy reviewing them as they come in so that when they dumped them all yesterday, he would already have the reviews ready to go.

Normally, the procedure is we have to review them within - like, if they're assigned to us today, we have to have them back down to the Secretary's Office tomorrow. So, it's a quick turnaround for us on reviewing bills.

I can have him for the next meeting type up something to give to you all if you would like on bills that have been impacted. He gave us a couple this morning to review. I think the only one that actually truly impacted Medicaid was possibly allowing alternative treatments for pain as opposed to opioids covering acupuncture and message therapists and so forth.

MS. KALRA: Is it making it a reimbursable service?

MS. HUGHES: That's what the bill will be. And, of course, then, that would mean we would have to do provider types for anybody that's going to provide those services.

That's the proposed

legislation. Of course, I don't know how far that will go and so forth but it's alternatives to prescribing opioids.

MS. KALRA: Anything else you guys can think of?

DR. THERIOT: There's been a lot of them, so, that just was this morning.

MS. RUNYON: Senator Wise, he hasn't filed it yet but it's just opening up Senate Bill 1 and he is changing some verbiage.

We found out yesterday in the School Safety and Resiliency Act that John Akers had in there that they were expanding the one-to-250 counselor to school psychologists as well as school social worker.

We are going to be making a recommendation out of that workgroup that it extends further to any licensed mental or behavioral clinician because, then, that way, it does, in fact, attach a funding source to that mandate.

So, I would appreciate any advocacy on that because in order for schools to have the ability to have a one-to-250 ratio of a mental health provider, whether that be a school counselor, school psychologist, school social worker, LPPC,

we've got to help our schools from a financial aspect be able to adhere to that mandate.

So, the expansion of health care Medicaid in schools, the only way that we can use that as a vehicle to help is to have billable providers that meet that requirement. So, be looking for that to be filed soon.

MS. DIMAR: We met with him yesterday, too. We were asking about the funding. He talked about the infrastructure piece of that. We were asking what do you think it might look like this Session and he acted like the infrastructure might be a priority right now.

I guess I'm looking at I'd rather it be more the mental health piece, not the hard. I don't know if you guys have heard the same thing.

MS. KALRA: There's multiple things that are being amended in that bill. One of the pieces is the infrastructure piece. Obviously, that's the most expensive based off of the School Board Association's landscape assessment that they've done on like the cost, but the behavioral health piece was another piece that he mentioned that he's going to amend.

I know once he gets that bill amended, those are going to be the components, at least from what I heard.

MS. DIMAR: Okay, because I was just wondering exactly what you had heard about that.

MS. KALRA: Knowing that it's a budget year, obviously funding is going to be----

MS. DIMAR: Is definitely going to be a priority.

MS. KALRA: Yes, but the amendment to expand.

MS. RUNYON: The pieces that we were wanting to be expanded really didn't require any fiscal. It was just adding additional providers to meet that one-to-250 requirement for schools.

There were some verbiage changes, too, that didn't really affect anything. It was just actual language.

MS. KALRA: Anything else from Medicaid? Any other business?

Seeing none, then, we will stand adjourned. Thank you.

MEETING ADJOURNED